VZCZCXRO9823
OO RUEHCHI RUEHDT RUEHHM RUEHNH
DE RUEHGO #1120/01 3231043
ZNY CCCCC ZZH
O 191043Z NOV 07
FM AMEMBASSY RANGOON
TO RUEHC/SECSTATE WASHDC IMMEDIATE 6850
INFO RUCNASE/ASEAN MEMBER COLLECTIVE
RUEHBJ/AMEMBASSY BEIJING 1600
RUEHBY/AMEMBASSY CANBERRA 0715
RUEHKA/AMEMBASSY DHAKA 4679
RUEHKT/AMEMBASSY KATHMANDU 0864
RUEHNE/AMEMBASSY NEW DELHI 4252
RUEHFR/AMEMBASSY PARIS 0564
RUEHRO/AMEMBASSY ROME 0145
RUEHUL/AMEMBASSY SEOUL 7806
RUEHKO/AMEMBASSY TOKYO 5366
RUEHCN/AMCONSUL CHENGDU 1264
RUEHCHI/AMCONSUL CHIANG MAI 1230
RUEHCI/AMCONSUL KOLKATA 0133
RUEHPH/CDC ATLANTA GA
RUEHGV/USMISSION GENEVA 3397
RHEHNSC/NSC WASHDC
RUEKJCS/SECDEF WASHDC
RUEKJCS/JOINT STAFF WASHDC
RUCNDT/USMISSION USUN NEW YORK 1154
RUEHBS/USEU BRUSSELS

C O N F I D E N T I A L SECTION 01 OF 04 RANGOON 001120

SIPDIS

SIPDIS

DEPT FOR EAP/EX; EAP/MLS; EAP/EP; EAP/PD
DEPT FOR OES/STC/MGOLDBERG AND PBATES; OES/PCI/ASTEWART;
OES/IHA/DSINGER AND NCOMELLA
DEPT FOR CA/OCS/ACS/EAP
DEPT PASS TO USAID/ANE/CLEMENTS AND GH/CARROLL
DEPT PASS TO HHS
CDC ATLANTA FOR COGH SDOWELL AND NCID/IB AMOEN
HHS/OGHA/WSTEIGER AND MSTLOUIS
USDA FOR OSEC AND APHIS
USDA FOR FAS/DLP/HWETZEL AND FAS/ICD/LAIDIG
USDA/FAS FOR FAA/YOUNG, MOLSTAD, ICD/PETTRIE, ROSENBLUM
DOD FOR OSD/ISA/AP FOR LEW STERN
PARIS FOR FAS/AG MINISTER COUNSELOR/OIE
ROME FOR FAO
BANGKOK FOR REO OFFICE
PACOM FOR FPA

E.O. 12958: DECL: 11/19/2017
TAGS: ECON TBIO EAID SOCI PGOV AMED BM
SUBJECT: FIGHTING MULTIPLE DRUG RESISTANT TB IN BURMA

REF: RANGOON 1027

RANGOON 00001120 001.2 OF 004

Classified By: Economic Officer Samantha A. Carl-Yoder for Reasons 1.4 (b and d)

¶1. (C) Summary. Although the World Health Organization (WHO) estimated in 2003 that Burma's rate of new cases of multiple drug resistant tuberculosis (MDR-TB) was 4.4 percent, health NGOs working in Burma today believe the current rate to be as high as six percent. Independent studies conducted in 2004 and 2005 in Rangoon Division showed an 18.4 percent rate of MDR-TB among previously treated patients, higher than the Ministry of Health's (MOH) figure of 15.5 percent. The WHO, working with Medecins Sans Frontieres (MSF)-Holland, conducted a new MDR-TB prevalence survey in 2007; results are still pending. Several health NGO directors questioned the ability of MOH doctors, trained by the WHO, to detect and treat MDR-TB, noting that MOH clinic doctors failed to ensure that patients followed the TB treatment protocol. The increasing rate of MDR-TB in Burma

increases the likelihood that extremely drug resistant TB (XDR-TB) will develop and spread. End Summary.

TB Treatment Success Exaggerated

¶2. (SBU) NGOs working on Burma's health issues all agree that tuberculosis (TB) will continue to worsen as long as the Burmese Government continues to fail to devote the resources necessary to address the problem. According to the WHO, there were approximately 108,000 new TB cases in 2006, up from 95,000 in 2005. Despite the Burmese Minister of Health's professional experience in TB (he is a pulmonologist), the Ministry of Health allots less than $200,000 per year for TB prevention and control; this money covers only administrative costs. MOH is not short changing TB; the Ministry only allots $5,000 for malaria. The Health Ministry gets the lowest allotment in the entire national budget, less than one percent of GDP. The GOB relies on the WHO and money from the Three Diseases Fund to fund the National Tuberculosis Program (NTP) and pay for TB drugs (Reftel).

¶3. (C) MSF-Holland (AZG) is one of several NGOs providing free TB treatment throughout Burma. In 2006, MSF-Holland staff treated 1.2 million patients for malaria, TB, and HIV/AIDS. Of these patients, approximately 10,000 patients tested positive for TB. MSF-Holland clinics have a 72 percent success rate when treating TB patients, less than the NTP's 83 percent success rate. MSF-Holland Director Dr. Frank Smithious questioned the NTP's higher success rate, noting that other private clinics, such as PSI's clinics, receive more funding and employ better treatment and monitoring procedures than the NTP, but still have a TB treatment success rate of 75 percent or less. The Ministry

of Health's (MOH) figures are not realistic, he declared. Population Services International (PSI) Director John Hetherington and his staff agreed with Smithious' claim. Smithious opined that the World Health Organization (WHO), which funds the NTP, should do more to monitor MOH programs and suggest ways to improve treatment coverage. Instead, he asserted, the WHO parrots high success rates reported to them by the MOH and ignores the real issue: the rising rate of TB and multiple drug resistant TB (MDR-TB) throughout the country.

MDR-TB Rates Highest in SE Asia

¶4. (SBU) According to the WHO's 2003 Drug Resistance Survey conducted in Burma, 4.4 percent of new patients and 15.5 percent of previously treated patients had multi-drug resistant tuberculosis. The WHO estimated that Burma's MDR-TB rate was four times higher than the rates in Thailand and Nepal, and two times higher than in India. The WHO does not have information on the prevalence of extensively drug resistant TB (XDR-TB) throughout Burma, but WHO officials acknowledge that XDR-TB could become a problem in the future. Dr. Hans Kluge, TB Medical Officer at the WHO, attributed Burma's high rate of MDR-TB to a number of factors, including increased sensitivity to TB drugs, development of bacteria that inhibits treatment, inadequate treatment, and improper use of anti-TB medications.

Prevalence of MDR-TB Among New Cases 2004

Country	Total Est. New Cases	Est. MDR-TB Cases	Est. Percent MDR-TB Cases
Bangladesh	319,525	5,699	1.8
Burma	85,464	3,759	4.4
India	1,824,395	44,653	2.4

Indonesia	539,189	8,429	1.6
Nepal	48,834	647	1.3
Sri Lanka	12,445	211	1.7
Thailand	90,607	843	0.9
East Timor	4,927	79	1.6

Source: World Health Organization

¶5. (C) Health NGO representatives all agreed that MDR-TB was a real concern, and criticized the government and the WHO for not doing enough to prevent MDR-TB in previously treated patients. Based on data collected at PSI clinics, PSI staff found that a number of people diagnosed with MDR-TB admitted that they did not properly follow their previous treatments. Under the NTP's Directly Observed Treatment Short Course (DOTS) program, medical workers (trained by the WHO) should

observe TB patients taking their medicines for a six-month period. PSI Director Hetherington informed us that many of PSI's MDR-TB patients first sought TB treatment at understaffed NTP clinics. NTP staff either misdiagnosed the patients, or did not ensure that they followed the TB treatment protocol, PSI Deputy Country Director Dr. Tin Maung Win added. Burma's high rates of MDR-TB in previously infected patients can be directly attributed to the NTP staff's inexperience and lack of ability, he continued. The more MDR-TB cases there are, the greater the likelihood that XDR-TB will develop.

More Research Needed on MDR-TB

¶6. (SBU) MSF-Holland's staff agreed with PSI's findings. According to Dr. Smithious, Burma's current rate of MDR-TB is higher than 4.4 percent, perhaps as high as six percent. Smithious highlighted two independent studies conducted in 2004 and 2005 in Rangoon Division where researchers found that 29.3 percent of new and 45.9 percent of previously treated TB patients suffered from MDR-TB. The researchers concluded that throughout Burma, the frequency of MDR-TB among previously treated patients was 18.4 percent, higher than the NTP's 15.5 percent. The studies also noted that 28 percent of new TB patients in Burma default on their medicines, contributing to the higher rate of MDR-TB and increasing the liklihood of XDR-TB.

¶7. (C) Although Dr. Smithious passed these studies to the WHO for further analysis in 2005, Dr. Kluge told us that the WHO preferred to do its own studies on MDR-TB rates in Burma. Working with MSF-Holland, the WHO in early 2007 tested the resistance of 100 patients with MDR-TB and sent the samples to a Belgian laboratory for analysis. The WHO does not yet have the results, but Dr. Kluge explained that they would indicate the prevalence of MDR-TB in Burma. Once we have a clearer picture, he stated, the WHO and the MOH will design a standardized treatment with second line TB drugs to manage MDR-TB. Dr. Smithious applauded the new survey, but questioned whether the current NTP staff had the ability, knowledge, and understanding necessary to implement and monitor advanced MDR-TB treatment.

Private Sector Plans

¶8. (SBU) MSF-Holland's Burma program is the largest MSF program in the world. Because the program's size has made it a challenge to manage, Dr. Smithious and MSF-Holland plan to establish a new NGO (independent of MSF-Holland) to handle the TB program. Under the new NGO, Dr. Smithious would establish a MDR-TB pilot program, which will provide second-line TB drugs and treatment for patients infected with MDR-TB. Emphasizing the importance of trained staff, Dr.

Smithious told us that his staff will test patients for drug sensitivity to the seven TB drugs, and will establish a protocol based on the results. MSF-Holland staff closely monitor the treatment of all TB patients, which will help reduce the rate of MDR-TB and prevent outbreaks of XDR-TB in the future, he emphasized.

Comment

¶9. (SBU) Tuberculosis, particularly MDR-TB and XDR-TB, is a growing problem in Burma, about which we know little. We remain hopeful that visa will come through so that CDC and USAID can assess the real TB situation, a well offer as insights into the relationship between the Ministry of Health and the NGOs working on TB issues. NGOs such as MSF-Holland and PSI, which together treat more than 25,000 TB patients annually, need additional funds to maintain their programs and reach more Burmese in need. Funding health programs, particularly for TB, HIV/AIDS, and malaria provides crucial humanitarian support for the Burmese people neglected by their own government.

VILLAROSA